

1000001

**CERTIFICATE OF FORMATION**  
**OF**  
**BROCKMAN ELK CREEK LOT 16 LLC**

**FILED**  
**In the Office of the**  
**Secretary of State of Texas**  
**SEP 24 2010**  
**Corporations Section**

I, the undersigned, a natural person of the age of eighteen years or more, acting as organizer of a filing entity under Section 3.004 of the Texas Business Organizations Code, do hereby adopt the following Certificate of Formation therefor:

**ARTICLE I**

The filing entity being formed is a limited liability company. The name of the limited liability company is Brockman Elk Creek Lot 16 LLC.

**ARTICLE II**

The address of the Company's initial registered office is 6700 Hollister, Houston, TX 77040, and the name of the Company's initial registered agent at such address is Robert T. Brockman.

**ARTICLE III**

The purpose of the Company is the transaction of any or all business for which a limited liability company may be organized under the Texas Business Organizations Code.

**ARTICLE IV**

The Company will have managers. The name and address of the sole initial manager is as follows:

Robert T. Brockman  
6700 Hollister  
Houston, TX 77042

**ARTICLE V**

The name and address of the organizer is as follows:

Robert T. Brockman  
6700 Hollister  
Houston, TX 77042

**ARTICLE VI**

This document becomes effective when it is filed by the Secretary of State.

HOU02:1209332.3

**GOVERNMENT  
EXHIBIT**

22-cv-00202

No. 40

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Brockman Elk Creek Lot 16, LLC on this 23 day of September, 2010. The undersigned affirms that the person designated as registered agent has consented to the designation.

R. T. Brockman  
Robert T. Brockman  
Organizer



05-10

(Rev. 1-08/28)

Code 13196

## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))

This report MUST be filed to satisfy franchise tax requirements

Number: 801322816

Taxpayer number

Report year

3 2 0 4 2 6 9 6 6 5 1 2 0 1 1

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name  
**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address  
**6700 HOLLISTER ST**

City  
**HOUSTON**

State  
**TX**

ZIP Code  
**77040**

Plus 4  
**5331**

Secretary of State file number or  
Comptroller file number  
**0801322816**

☐ Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office  
**6700 HOLLISTER ST, HOUSTON, TX 77040**

Principal place of business  
**6700 HOLLISTER ST, HOUSTON, TX 77040**

*Please sign below!*

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3204269665111

## SECTION A Name, title and mailing address of each officer, director or member.

Name

Title

ROBERT T BROCKMAN

MANAGER

Mailing address  
**6700 HOLLISTER ST**

City  
**HOUSTON**

Name

Title

Mailing address

City

Name

Title

Mailing address

City

Name

Title

Mailing address

City

Director

☐ YES

Term expiration **m m d d y y**  
1 2 3 1 1 1

State **TX** ZIP code  
**77040**

Director

☐ YES

Term expiration **m m d d y y**

State ZIP code

Director

☐ YES

Term expiration **m m d d y y**

State ZIP code

Director

☐ YES

Term expiration **m m d d y y**

State ZIP code

## SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

## SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ROBERT T BROCKMAN

☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: 6700 HOLLISTER

City  
**HOUSTON**

State  
**TX**

ZIP Code  
**77040**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign  
here

Title  
**CPA**

Date  
**04/17/2011**

Area code and phone number  
**(970) 925 - 1040**

Texas Comptroller of Public Accounts

VE/DE

☐

PIR IND

☐



05-10

(Rev. 1-08/28)

Code 13196

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City

HOUSTON

State

TX

ZIP Code

77040

Plus 4

5331

Secretary of State file number or  
Comptroller file number

0801322816

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

6700 HOLLISTER ST, HOUSTON, TX 77040

Principal place of business

6700 HOLLISTER ST, HOUSTON, TX 77040

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3204269665108

## SECTION A Name, title and mailing address of each officer, director or member.

Name

Title

ROBERT T BROCKMAN

MANAGER

Mailing address

6700 HOLLISTER ST

Name

City

HOUSTON

Mailing address

City

Name

Title

Mailing address

City

Name

Title

Mailing address

City

Director

YES

Term expiration 1 2 3 1 1 2

State

TX

ZIP code

77040

Director

YES

Term expiration

State

ZIP code

Director

YES

Term expiration

State

ZIP code

Director

YES

Term expiration

State

ZIP code

## SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

## SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ROBERT T BROCKMAN

Blacken circle if you need forms to change the registered agent or registered office information.

Office: 6700 HOLLISTER

City

HOUSTON

State

TX

ZIP Code

77040

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sign here

Title

CPA

Date

05/14/2012

Area code and phone number

(970) 925 - 1040

Texas Comptroller of Public Accounts

VE/DE

PIR IND

PIR IND

PIR IND



1000005

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORMA05-102  
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

Taxcode 13196 Franchise

Taxpayer number

Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 1 3

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

Plus 4

**0801322816**☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

**6700 Hollister St, Houston, TX 77040**

Principal place of business

**6700 Hollister St, Houston, TX 77040****Please sign below!**

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or manager.

3204269665113

|   |                         |                                       |                          |          |          |          |          |          |          |
|---|-------------------------|---------------------------------------|--------------------------|----------|----------|----------|----------|----------|----------|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m</b> | <b>m</b> | <b>d</b> | <b>d</b> | <b>y</b> | <b>y</b> |
|   |                         |                                       |                          | <b>1</b> | <b>2</b> | <b>3</b> | <b>1</b> | <b>1</b> | <b>3</b> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b> |          |          |          |          |          |          |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m</b> | <b>m</b> | <b>d</b> | <b>d</b> | <b>y</b> | <b>y</b> |
|   |                         |                                       |                          |          |          |          |          |          |          |
| Mailing address                             | City                    | State                                 | ZIP Code                 |          |          |          |          |          |          |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m</b> | <b>m</b> | <b>d</b> | <b>d</b> | <b>y</b> | <b>y</b> |
|   |                         |                                       |                          |          |          |          |          |          |          |
| Mailing address                             | City                    | State                                 | ZIP Code                 |          |          |          |          |          |          |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

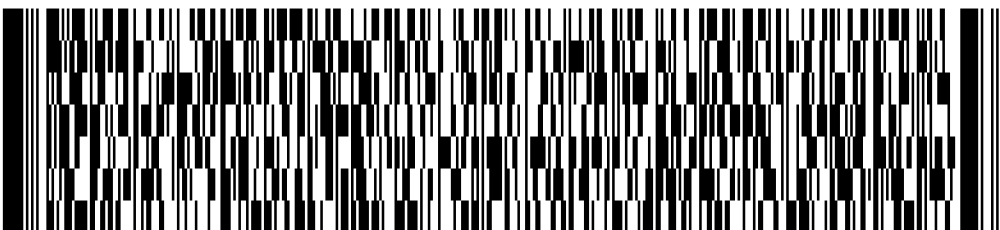
Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.

|                               |                        |                    |                          |
|-------------------------------|------------------------|--------------------|--------------------------|
| Office: <b>6700 HOLLISTER</b> | City<br><b>HOUSTON</b> | State<br><b>TX</b> | ZIP Code<br><b>77040</b> |
|-------------------------------|------------------------|--------------------|--------------------------|

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

|                                     |                            |                           |   |
|-------------------------------------|----------------------------|---------------------------|---|
| Signature<br><b>Carl B Linnecke</b> | Title<br><b>Electronic</b> | Date<br><b>05-09-2013</b> | Area code and phone number<br><b>( 970 ) 925 - 1040</b> |
|-------------------------------------|----------------------------|---------------------------|---|

**Texas Comptroller Official Use Only**

|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



1000006

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORMA05-102  
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

Taxcode 13196 Franchise

Taxpayer number

Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 1 4

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

Plus 4

**0801322816**

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

**6700 Hollister St., Houston, TX 77040**

Principal place of business

**6700 Hollister St., Houston, TX 77040***Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or manager.

3204269665114

|   |                         |                                       |  |
|---|-------------------------|---------------------------------------|--|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>                               |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

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Sign here

**Carl B Linnecke**

Title

**Electronic**

Date

**05-16-2014**

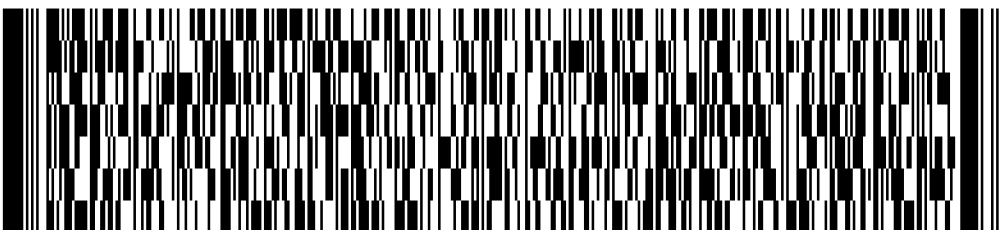
Area code and phone number

**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

1000007

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**Comptroller  
of Public  
Accounts  
FORM05-102  
(Rev. 9-11/30)

Taxcode 13196 Franchise

Taxpayer number

Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 1 5

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

Plus 4

**0801322816**

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

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Principal place of business

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3204269665115

**SECTION A** Name, title and mailing address of each officer, director or manager.

|   |                         |                                       |   |
|---|-------------------------|---------------------------------------|---|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>  |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code  |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
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|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
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| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
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Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**

City

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State

**TX**

ZIP Code

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Sign  
here**Carl B Linnecke**

Title

**Electronic**

Date

**03-12-2015**

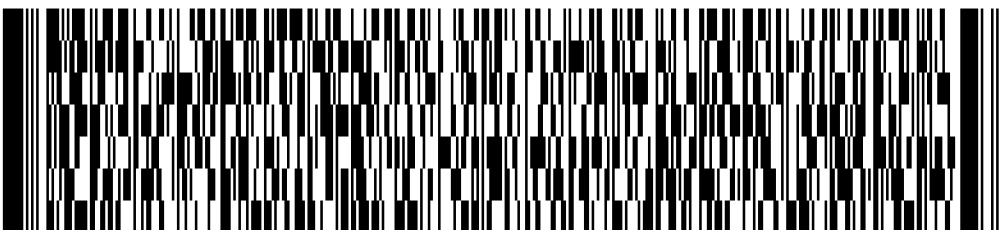
Area code and phone number

**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

1000008

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORMA05-102  
(Rev. 9-11/30)

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2 0 1 5

Taxpayer name  
**BROCKMAN ELK CREEK LOT 16 LLC**Mailing address  
**6700 HOLLISTER ST**City  
**HOUSTON**State  
**TX**ZIP Code  
**77040**

Plus 4

Secretary of State (SOS) file number or  
Comptroller file number**0801322816**

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

**6700 Hollister St, Houston, TX 77040**

Principal place of business

**6700 Hollister St, Houston, TX 77040***Please sign below!*

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**SECTION A** Name, title and mailing address of each officer, director or manager.

3204269665115

|   |                         |                                       |   |
|---|-------------------------|---------------------------------------|---|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>  |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code  |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code  |

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|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
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|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**City  
**HOUSTON**State  
**TX**ZIP Code  
**77040**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

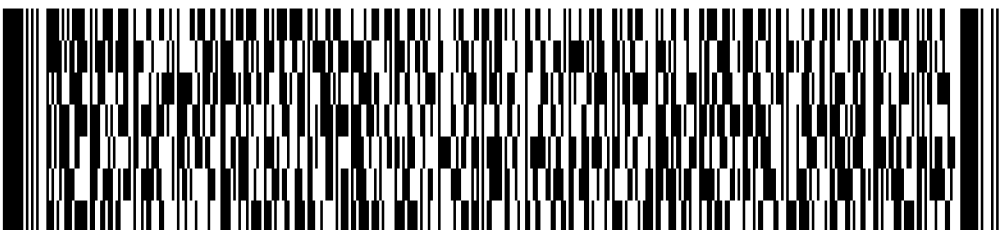
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here **Carl B Linnecke**Title  
**Electronic**Date  
**03-12-2015**Area code and phone number  
**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐



1000009

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORMA05-102  
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

Taxcode 13196 Franchise

Taxpayer number

Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 1 6

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

Plus 4

**0801322816**

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

**6700 Hollister St., Houston, TX 77040**

Principal place of business

**6700 Hollister St., Houston, TX 77040***Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3204269665116

**SECTION A** Name, title and mailing address of each officer, director or manager.

|   |                         |                                       |  |
|---|-------------------------|---------------------------------------|--|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>                               |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

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Sign  
here**Carl B Linnecke**

Title

**Electronic**

Date

**02-26-2016**

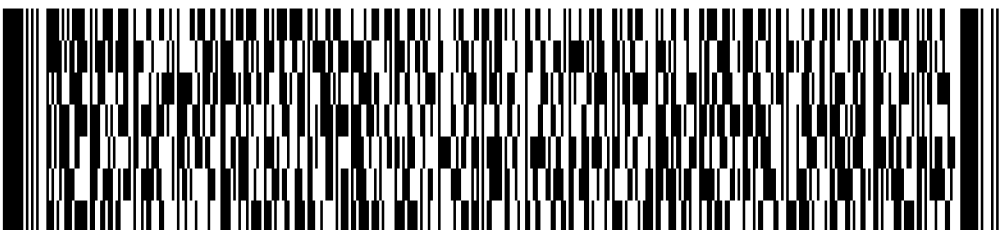
Area code and phone number

**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

1000010

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORM05-102  
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

Taxcode 13196 Franchise

Taxpayer number

Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 1 6

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

Plus 4

**0801322816**

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

**6700 Hollister St., Houston, TX 77040**

Principal place of business

**6700 Hollister St., Houston, TX 77040***Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3204269665116

**SECTION A** Name, title and mailing address of each officer, director or manager.

|   |                         |                                       |  |
|---|-------------------------|---------------------------------------|--|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>                               |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

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Sign  
here**Carl B Linnecke**

Title

**Electronic**

Date

**02-26-2016**

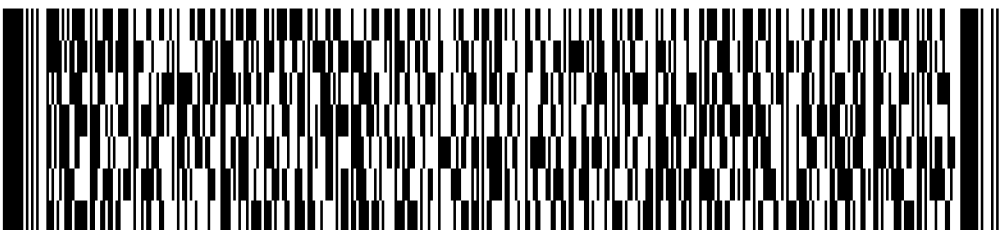
Area code and phone number

**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

VE/DE

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PIR IND

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1000011

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORM

05-102

(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**■ **Tcode** 13196 Franchise

■ Taxpayer number

■ Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 1 7

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

Plus 4

**0801322816**

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

**6700 Hollister St., Houston, TX 77040**

Principal place of business

**6700 Hollister St., Houston, TX 77040****Please sign below!**

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3204269665117

**SECTION A** Name, title and mailing address of each officer, director or manager.

|   |                         |                                       |                          |                    |
|---|-------------------------|---------------------------------------|--------------------------|--------------------|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m m d d y y</b> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b> |                    |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m m d d y y</b> |
| Mailing address                             | City                    | State                                 | ZIP Code                 |                    |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m m d d y y</b> |
| Mailing address                             | City                    | State                                 | ZIP Code                 |                    |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

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**sign here****Carl B Linnecke**

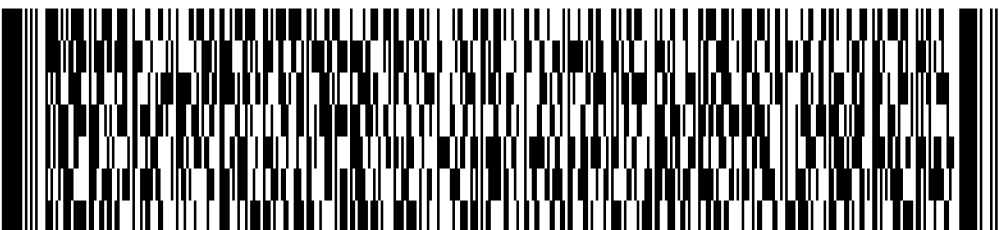
Title

**Electronic**

Date

**01-20-2017**

Area code and phone number

**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



1000012

Filing Number: 801322816

Comptroller  
of Public  
Accounts  
FORM

05-102

(Rev. 9-11/30)

## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

Taxpayer number

Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 1 8

Taxpayer name

BROCKMAN ELK CREEK LOT 16 LLC

Mailing address

6700 HOLLISTER ST

City

HOUSTON

State

TX

ZIP Code

77040

Plus 4

Secretary of State (SOS) file number or Comptroller file number

0801322816

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

6700 Hollister St., Houston, TX 77040

Principal place of business

6700 Hollister St., Houston, TX 77040

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3204269665118

## SECTION A Name, title and mailing address of each officer, director or manager.

|   |                         |                                       |  |
|---|-------------------------|---------------------------------------|--|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>                               |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |

## SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

## SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**

☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: **6700 HOLLISTER**

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

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Sign here

Carl B Linnecke

Title

Electronic

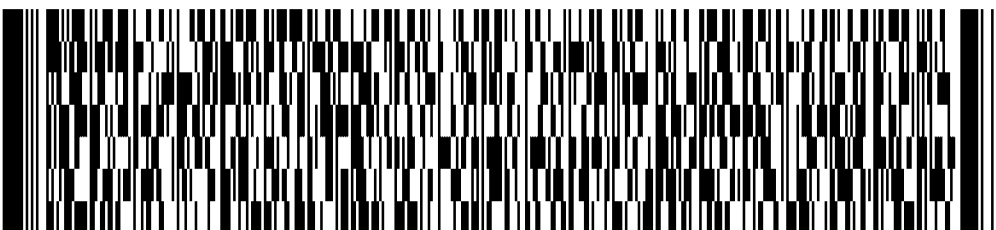
Date

03-01-2018

Area code and phone number

( 970 ) 925 - 1040

## Texas Comptroller Official Use Only



|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



1000013

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORM05-102  
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 2 0

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

Plus 4

**0801322816**

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

**6700 Hollister St., Houston, TX 77040**

Principal place of business

**6700 Hollister St., Houston, TX 77040****Please sign below!**

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3204269665120

**SECTION A** Name, title and mailing address of each officer, director or manager.

|   |                         |                                       |  |
|---|-------------------------|---------------------------------------|--|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>                               |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

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sign  
here**Carl B Linnecke**

Title

**Electronic**

Date

**02-28-2020**

Area code and phone number

**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

1000014

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORM05-102  
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

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3 2 0 4 2 6 9 6 6 5 1

2 0 2 0

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
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City

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State

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Plus 4

**0801322816**

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Principal place of business

**6700 Hollister St., Houston, TX 77040****Please sign below!**

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3204269665120

**SECTION A** Name, title and mailing address of each officer, director or manager.

|   |                         |                                       |  |
|---|-------------------------|---------------------------------------|--|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>                               |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
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| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

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sign  
here**Carl B Linnecke**

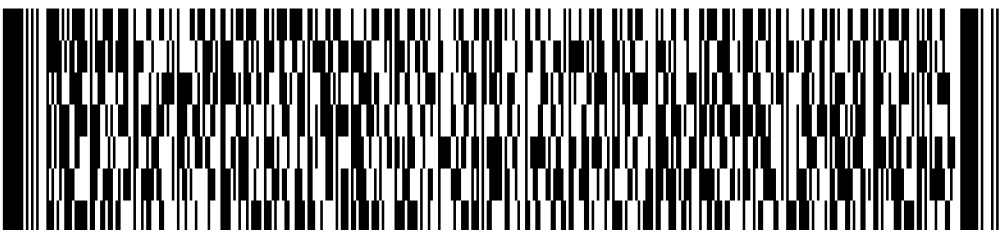
Title

**Electronic**

Date

**02-28-2020**

Area code and phone number

**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|





1000015

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORM

05-102

(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

**You have certain rights** under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 2 0 4 2 6 9 6 6 5 1

2 0 2 1

Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

Plus 4

**0801322816**

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

**6700 Hollister St., Houston, TX 77040**

Principal place of business

**6700 Hollister St., Houston, TX 77040****Please sign below!**

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3204269665121

**SECTION A** Name, title and mailing address of each officer, director or manager.

|   |                         |                                       |                          |                    |
|---|-------------------------|---------------------------------------|--------------------------|--------------------|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m m d d y y</b> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b> |                    |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m m d d y y</b> |
| Mailing address                             | City                    | State                                 | ZIP Code                 |                    |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term<br>expiration       | <b>m m d d y y</b> |
| Mailing address                             | City                    | State                                 | ZIP Code                 |                    |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **ROBERT T BROCKMAN**☐ Blacken circle if you need forms to change the registered agent or registered office information.Office: **6700 HOLLISTER**

City

**HOUSTON**

State

**TX**

ZIP Code

**77040**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

**sign here****Carl B Linnecke**

Title

**Electronic**

Date

**04-29-2021**

Area code and phone number

**( 970 ) 925 - 1040****Texas Comptroller Official Use Only**

VE/DE

☐

PIR IND

☐

1000016

**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FORM05-102  
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

**This report MUST be signed and filed to satisfy franchise tax requirements**

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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Taxpayer name

**BROCKMAN ELK CREEK LOT 16 LLC**

Mailing address

**6700 HOLLISTER ST**Secretary of State (SOS) file number or  
Comptroller file number

City

**HOUSTON**

State

**TX**

ZIP Code

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Plus 4

**0801322816**

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Principal office

**6700 Hollister St., Houston, TX 77040**

Principal place of business

**6700 Hollister St., Houston, TX 77040****Please sign below!**

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3204269665121

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|   |                         |                                       |  |
|---|-------------------------|---------------------------------------|--|
| Name<br><b>ROBERT T BROCKMAN</b>            | Title<br><b>MANAGER</b> | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address<br><b>6700 HOLLISTER ST</b> | City<br><b>HOUSTON</b>  | State<br><b>TX</b>                    | ZIP Code<br><b>77040</b>                               |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |
| Name  | Title                   | Director<br><input type="radio"/> YES | Term expiration<br>m m d d y y<br><input type="text"/> |
| Mailing address                             | City                    | State                                 | ZIP Code   |

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

|   |                    |                               |                         |
|---|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation or limited liability company | State of formation | Texas SOS file number, if any | Percentage of ownership |
|---|--------------------|-------------------------------|-------------------------|

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Agent: **ROBERT T BROCKMAN**

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Office: **6700 HOLLISTER**

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sign  
here**Carl B Linnecke**

Title

**Electronic**

Date

**04-29-2021**

Area code and phone number

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